

APPLYING FOR	: Pro	ofessional I _	Profession	nal II		_ Professio	onal III		
	Pa	araprofessional	Library	/ Expe	erienc	e	Temporary		
*Complete both pages of this form. For Professional Certificate Of Please choose size of certificate. 8.5 x 11 11 x 17									
*Enclose the re	on of Librarian credit to:		For State Certification Use Only: Approved Certificate Certificate Number: Valid from:to						
Name: E-mail: Last First Middle									
Home Address:		Street mployed:		City			State	Zip	
Address		City		State		Zip County			
Highest Grade Completed: (Circle one)			GED / High school 9 10 11 12			Graduate			
	School		Address			Dates Attended	Graduation Date	Degree	
Graduate									
Undergraduate									
Vocational Technical									
Other									

LIBRARY WORK EXPERIENCE: List below in chronological order library positions you have held. Begin with the most recent.

Name of Library	Address	Position	Hours worked Per month	Starting Date	Ending Date				
CURRENT POSITION HELD: (Check one) Director (county population over 15,000) Director (county population of 15,000 or less) Assistant Director Branch Head/Department Head Bookmobile Librarian Other Full-time Personnel									
I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false statements may result in denial or revocation of the certificate.									
Applicant Signature				Date					
I have reviewed this application and certify that the answers are correct so far as they pertain to this library.									

Signature of Library Director or President of County Library Board

Rev. 05/17/10

Date